

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Rehabilitation Supports

STATEMENT FOR DECLINING SERVICES

Head and Spinal Cord Injury Division

Please Type or Print

Consumer's Name: _____

Social Security Number: ₁ ₂ ₃ - ₄ ₅ - ₆ ₇ ₈ ₉

A Life Skills Specialist has explained the options available to me under the Head and Spinal Cord Injury (HSCI) Rehabilitation Supports Program and I have decided not to participate at this time. I understand that declining participation now does not prohibit me from requesting Rehabilitation Supports in the future.

I understand that this decision does not directly affect my eligibility for other services which may be available through the South Carolina Department of Disabilities and Special Needs.

Consumer/Legal Guardian

Date

Life Skills Specialist

Date